ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2)	(3)
• •	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial	5,825,562	3.1%
Automobile Physical Damage		
Private Passenger Commercial	3,736,026	0.4%
Liability Other Than Auto	<u> </u>	0
Burglary and Theft	0	0
. Glass	<u> </u>	0
. Fidelity	<u> </u>	0
. Surety	0	0
. Boiler and Machinery	0	0
. Fire	0	0
Extended Coverage	0	0
Inland Marine	0	0
2. Homeowners	0	0
Commercial Multi-Peril	0	0
4. Crop Hail	0	0
5. OtherLine of Insurance	0	0
rief description of filing. (If filing follows rat		4 444 444 444
erritory factors, symbol factors, deductible		
Adjusted to reflect all prior rate changes.	actors, discounts, territory definitions.	
*Change in Company's premium level whic	Amex A	ssurance Co.
	, · · · · · · · · · · · · · · · · · · ·	lame of Company
		Official – Title

Change in Company's premium or rate level produced by rate revision effective $\frac{12-1-04}{}$

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	280,000	\$%.
2.	Automobile Physical Damage Private Passenger Commercial	90,000	-12%
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass		
6. 7. 8.	Fidelity Surety Boiler and Machinery		
9. 10.	Fire Extended Coverage		
13.	Inland Harine Homeowners Commercial Hulti-Peril		
14. 15. 16.	Crop Hail Worker's Compensation Other		
Does	Line of Insurance filing only apply to certain territ	one (toroltoniae) on a	
lf s	o, specify:	ory (territories) or c	ertain classes?
Briet orga	f description of filing. (If filing nization, specify organization):	follows rates of an a	dvisory
	to MAINTAIN COMPET		

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

DERDHI CASUMING COMPANY

Name of Company

Official - Title

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	01.004.575	. 5 10/
	0 11	\$1,934,767	+5.1%
^	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$1,200,936	-3.7%
	Commercial	\$1,200,730	
3.	Liability Other Than Auto		
ے. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		•
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	·	
14.	Crop Hail		
15.	Other		
	Line of Insurance		
oes fi	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	
N TO			
NO			· · · · · · · · · · · · · · · · · · ·
- · · ·	and the continue of the contin		
sriet d	escription of filing. (If filing follows	s rates of an advisory organization, specify of	organization):

** Change in Company's premium level which will result from application of new rates.

Encompass Home and Auto Insurance Company Name of Company

H29219D

Kevin Conlee, FCAS, MAAA—Pricing Director
Official - Title

1	Change in Company's premium or rate	level produced by rate revision effective	6/4/05
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger	#9 720 010	15.10/
	Commercial	\$8,739,010	+5.1%
2.	Automobile Physical Damage Private Passenger		
	ž	\$5,479,293	-3.7%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		-
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	<u></u>	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		-
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
NO			
		rates of an advisory organization, specify of	organization):
** Cl	djusted to reflect all prior rate changes. nange in Company's premium level wh sult from application of new rates.	ich will	

Encompass Insurance Company of America
Name of Company

H29219D

Kevin Conlee, FCAS, MAAA—Pricing Director
Official - Title

Shevin Conlee

C	Change in Company's premium or rate	evel produced by rate revision effective	3/9/05
	(1)	(2)	(3)
	• •	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
1.	Private Passenger		
	Titvate i assenger	\$8,503,849	+3.3%
	Communical	\$0,505,045	. 3.370
_	Commercial		·
2.	Automobile Physical Damage		
	Private Passenger	07.400.504	4.107
		\$7,402,584	-4.1%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		<u> </u>
5.	Glass		
6.	Fidelity		
7.			
	Surety		
8.	Boiler and Machinery		
9.	Fire		· · · · · · · · · · · · · · · · · · ·
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
15.	Line of Insurance		
Does fi	iling only apply to certain territory (ten	ritories) or certain classes? If so, specify:	
Brief d	escription of filing. (If filing follows r	ates of an advisory organization, specify	organization):
OTTE A	TTACHED COVER LETTER		
SEE A	TTACHED COVER LETTER		
** Ch	ljusted to reflect all prior rate changes. liange in Company's premium level whi sult from application of new rates.	ch will	•
			nd Casualty Insurance Company
		Nam	ne of Company
H2921	9D	1 Koim Con	lo
		v . a	A A A Dutatina Discours
		Kevin Conlee, FCAS, M.	
		Offic	cial - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		1-1-05		
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>		
Automobile Liability Private Passenger Commercial	\$28,154,376	+6.89		
Automobile Physical Damage Private Passenger Gemmercial	\$23,605,083	79		
3. Liability Other Than Auto				
4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. Other				
Line of Insurance				
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify	: No		
Brief description of filing. (If filing follows ra	ites of an advisory organization, specify o	rganization): See filing letter		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level who	•	s. asualty Company of Illinois		
	<u>General Ca</u>	Name of Company		
	Paul H. Schulte -	AVP - Personal Lines Operations		
		Official – Title		

ILLINOIS DEPARTMENT OF INSURANCE

SUMI	VΙΑ	RY	SH	IEET
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Change in Company's premium or rate level	produced by rate revision effective	1-1-05
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Gommercial	\$464,733	+6.62
Automobile Physical Damage		
	\$400,731	1.02
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		<u> </u>
10. Extended Coverage		
11. Inland Marine		
14. Crop Hail		
15. Other Line of Insurance		-
Line of insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so specify:	No
boes ming only apply to certain territory (terr	nones, or certain oldsoes: it so, specify.	
Brief description of filing. (If filing follows rate	s of an advisory organization, specify or	ganization): <u>See filing letter</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	n will result from application of new rates	
	General Casi	alty Company of Wisconsin
		Name of Company
	Paul H. Schulte - A	AVP - Personal Lines Operations
		Official - Title

	Change in Company's premium or rate	level produced by rate revision effective	6/4/05
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	_	\$35,489	+5.1%
	Commercial		
2.	Automobile Physical Damage Private Passenger		
		\$21,167	-3.7%
,	Commercial	<u> </u>	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	<u> </u>	
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
NO			
Brief	description of filing. (If filing follows	rates of an advisory organization, specify o	rganization):
SEE A	ATTACHED COVER LETTER		
** C	djusted to reflect all prior rate changes. hange in Company's premium level whe sult from application of new rates.		
		Glan Fall	s Insurance Company
		Oldii Tali	Name of Company
H292	19D	I Rovin low	lee

Kevin Conlee, FCAS, MAAA—Pricing Director
Official - Title

Change in Company revision effectiv	r's premium or rate level produced bree May 1, 2005	y rate	
(1)	(2)	(3)	
(1)	Annual Premium	Percent	
Coverage	Volume (Illinois)*	Change (+ or -)**	
<u>Coverage</u>	volume (IIIInois)	change (+ or /	
1. Automobile Liability			
Private Passenger	4,264,617	+1.0%	
Commercial			
2. Automobile Physical D	Damage		
Private Passenger	4,146,011	~5.2%	
Commercial			
3. Liability Other Than	Auto		
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety	DIVISION OF	INBURANCE	
8. Boiler and Machinery	DIVIDITE OF ILL	INOIS/IDEPR	
9. Fire	PECE	IVED	
 Extended Coverage 		- 2005	
11. Inland Marine	1ΔΝ 1	0 2005	
12. Homeowners			
13. Commercial Multi-Peri	·]		
14. Crop Hail		LD, ILLINOIS	
15. Other	SPRINGFI		
Line of Insu	range		
Does filing only apply to If so, specify: NO	o certain territory (territories)or	certain classes?	
	ing. (If filing follows rates of anganization): Reduction in collision		
to class factors, and in	troducing new discounts to our priva	ate passenger auto	
program.			
* Adjusted to reflect al ** Change in Company's pro- result from application	remium level which will		
-	Grinnell Mutual Rein		
	Name of Compan	У	
	Jennifer Schwartz -	Actuary	
-	Official - Tit		
H29219D			

Change in Company's	premium	or rate	level	produced	by	rate
revision effective	May 1,	2005				

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
 Automobile Liability Private Passenger Commercial 	3,955,803	-2.1
2. Automobile Physical Damage Private Passenger Commercial	5,458,209	-7.1
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain If so, specify: No Brief description of filing. (If organization, specify organization to class factors, and introducing	filing follows rates of a	nn advisory on base rate, changes
nrogram	- - - -	VISION OF INC.
program. * Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rel which will rates.	NGFIELD, ILLINOIS
<u>.</u>	Jennifer Schwartz -	Actuary
V20210D	Official - Tit	le

	Change in Company's premium or rate	e level produced by rate revision effective	3/9/05
	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial	(\$5,975)	+3.3%
2.	Automobile Physical Damage Private Passenger		
	Commercial	(\$4,022)	4.1%
3. 4.	Liability Other Than Auto Burglary and Theft		
5. 6.	Glass Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		0.0%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does :	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
NO			
Brief	description of filing. (If filing follows	rates of an advisory organization, specify of	organization):
SEE A	ATTACHED COVER LETTER		
* C	djusted to reflect all prior rate changes. hange in Company's premium level whealt from application of new rates.		
		Venena Cim Pina - 434	orina Iranua C
			arine Insurance Company
		Name	e of Company

H29219D

Kevin Conlee, FCAS, MAAAA- Pricing Director
Official - Title

	Change in Company's premium or rate	e level produced by rate revision effective	6/4/05
	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
		_(\$63,958)	+5.1%
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	_	\$21,189	-3.7%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (ter	rritories) or certain classes? If so, specify:	
		•	
NO			
Brief	description of filing. (If filing follows	rates of an advisory organization, specify of	organization):
SEE A	ATTACHED COVER LETTER		
	djusted to reflect all prior rate changes. hange in Company's premium level wh		

National-Ben Franklin Insurance Company of Illinois Name of Company

H29219D

result from application of new rates.

Kevin Conlee, FCAS, MAAA—Pricing Director
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or −)**</u>
1. Automobile Liability Private	2 240 942	+1,19%
Passenger Commercial	2,340,842	
2. Automobile Physical Damage Private Passenger Commercial	2,483,266	0.77%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Deep filing only apply to cortain terr	itory (territories) or certain classes? If so, s	enecify:
Does ming only apply to certain ten	nory (terniones) or certain classes: if so, s	specify.
Brief description of filing. (If filing fo	llows rates of an advisory organization, spith an overall impact of +0.17	ecify organization):
Rate and Rule Filling w.	ith an overall impact of +0.17.	le •
*Adjusted to reflect all prior rate ch	anges.	
	vel which will result from application of ne	ew rates.
	National Gene	ral Assurance Company
		Name of Company
	71.1.0.0	
	linda S. Carm	ichael Sr. Compliance

Linda S. Carmichael, Sr. Compliance Analyst
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	1-1-05
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger C ommerci al	-\$73,076	+1.26
	-\$39,893	
 Liability Other Than Auto Burglary and Theft 		
5. Glass		
6. Fidelity 7. Surety		
8. Boiler and Machinery		
9. Fire 10. Extended Coverage		
11. Inland Marine		
12 Commorcial Multi Paril		
14. Crop Hail		
15. OtherLine of Insurance		
Does filing only apply to certain territory (ter		
Brief description of filing. (If filing follows rat	tes of an advisory organization, specify or	ganization): <u>See filing letter</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from application of new rates	
, , ,		
		Insurance Company Name of Company
	Paul H. Schulte - A	AVP - Personal Lines Operations Official – Title

Change in Company's premium or rate level produced by rate revision Effective 3/1/2005

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**		
1.	Automobile Liability Private Passenger Commercial	10,425,947	+ 3.3%		
2.	Automobile Physical Damage Private Passenger Commercial	8,443,458	- 7.2%		
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass	761,277	0.0%		
6. 7. 8.	Fidelity Surety Boiler and Machinery				
9. 10. 11. 12.	Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril	802,300 8,975,042	0.0%		
14. 15.	Crop Hail Worker's Compensation Other Dwelling Fire Line of Insurance	389,987	0.0%		
	es filing only apply to certain territory o, specify:				
Brief description of filing. (If filing follows rates of an advisory organization, specify organization: DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR STATE OF ILLINOIS/IDEP					
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS					
	West Bend Mutual Name of Company				
G. Jones Compliance Mgr.					